

02-3-04

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17607 U.S. PTO
020204



99.539
PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert Klaus

Serial No.: 09/477,057

Filed: January 4, 2000

For: INTERACTIVE SYSTEM AND
METHOD FOR SELLING
INSURANCE

Art Unit: 3626

Examiner: Robert W. Morgan

RECEIVED
FEB 10 2004
GROUP 3600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated October 3, 2003 (41 pgs.); Return post card

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV299863375US
Date: February 2, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

02/06/2004 YPOLITE1 00000038 012384 09477057

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$ 1,005.00

Fee Due \$ 110.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$110.00.

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	29	MINUS	21	=8	x \$9 = \$		x \$18 = \$144.00
INDEP.	8	MINUS	6	=2	x \$43 = \$		x \$86 = \$ 172.00
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$316.00

(a) ☐ No additional fee for Claims is required

OR

(b) ☒ Total additional fee for claims required \$ 316.00

FEE PAYMENT

5. Attached is a check in the sum of \$

☒ Charge Deposit Account No. 01-2384 the sum of \$426.00.
A duplicate of this transmittal is attached.

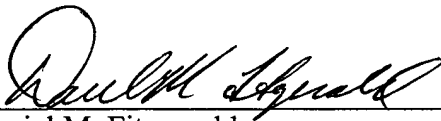
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:


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